

For official use only: Customer Name	Customer No.
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PD F 1522 E  
Department of the Treasury  
Bureau of the Public Debt  
(Revised August 2004)

**SPECIAL FORM OF REQUEST FOR PAYMENT OF  
UNITED STATES SAVINGS AND RETIREMENT  
SECURITIES WHERE USE OF A DETACHED  
REQUEST IS AUTHORIZED**

OMB No. 1535-0004

FOR OFFICIAL USE ONLY TRANSFER MONTH & YEAR ____/____ FISCAL AGENT CODE _____
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**1. DESCRIPTION OF BONDS**

I am the owner or person entitled to payment of the securities described below, which bear the name(s) of \_\_\_\_\_.

ISSUE DATE	SERIAL NUMBER	ISSUE DATE	SERIAL NUMBER	ISSUE DATE	SERIAL NUMBER

*(If you need more space, use the continuation sheet on page 3.)*

**2. REQUEST FOR PAYMENT**

I request that the described bonds be redeemed and payment be made in the form of { ☐ a check.  
☐ Direct Deposit.

☐ To the extent of: \_\_\_\_\_  
*(Complete this line only if partial redemption and reissue of the remainder is desired or if the signor is only entitled to a portion of the bonds listed. See Item 2 in the Instructions.)*

\_\_\_\_\_  
 (Social Security Number of Payee)      OR      (Employer Identification Number of Payee)

**3. DELIVERY INSTRUCTIONS** *(Read Item 3 in the Instructions before completing this section and complete only Item 3A or 3 B.)*

**A. MAIL REDEMPTION CHECK TO:**

\_\_\_\_\_  
 (Name)

\_\_\_\_\_  
 (Number and Street or Rural Route)      (City)      (State)      (ZIP Code)

**B. DIRECT DEPOSIT FUNDS AS AUTHORIZED BELOW:**

\_\_\_\_\_  
 (Name/Names on the Account)

\_\_\_\_\_  
 (Depositor's Account No.)      Type of Account: ☐ Checking ☐ Savings

Bank Routing No.      -      -

\_\_\_\_\_  
 (Financial Institution's Name)      (Phone No.)

#### 4. SIGNATURE

***You must wait until you are in the presence of a certifying officer to sign this form.***

**Sign Here:**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

**Home Address**

\_\_\_\_\_  
(Number and Street or Rural Route)

\_\_\_\_\_  
(E-Mail Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(ZIP Code)

\_\_\_\_\_  
(Daytime Telephone Number)

***Certifying Officer – The individual must sign in your presence. Complete the certification and affix your stamp or seal.***

I CERTIFY that \_\_\_\_\_, whose identity is well-known or  
proved to me, personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_,  
(Month) (Year),  
at \_\_\_\_\_, and signed this form.  
(City) (State)

\_\_\_\_\_  
(Signature of Certifying Officer)

\_\_\_\_\_  
(Title of Certifying Officer)

\_\_\_\_\_  
(Number and Street or Rural Route)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(ZIP Code)

My commission expires \_\_\_\_\_

(For Notaries Only)

**(OFFICIAL STAMP  
OR SEAL)**

#### RESERVED FOR IDENTIFICATION NOTATIONS

- ☐ Customer Account Number and Date Established: \_\_\_\_\_
- ☐ Document(s) - Description: \_\_\_\_\_
- ☐ Identified by (Signature and Address): \_\_\_\_\_

#### INSTRUCTIONS TO CERTIFYING OFFICER

Each person appearing before you must establish identification by positive and reliable evidence before this form is signed, unless he or she is personally well-known to you. Place an adequate notation above or on a separate record, showing exactly how identification was established. A notation is adequate if it is sufficiently detailed to permit, at a later date, a determination of the exact identification actually used. You and, if you are an officer or employee of an organization, the organization will be held fully responsible for the adequacy of the identification.

The signatures to the request must be executed in your presence. Fully complete and sign the certification form provided for your use for each signature you witness.

If you are an employee (rather than an officer) authorized to certify signatures, insert the words "Authorized Signature" in the space provided for the title. Insert the place and date, as required on the form, and impress the seal of your organization.

#### PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

We're asking for the information on this form to assist us in processing your securities transaction requests. Our authority comes from 31 U.S.C. Ch. 31 which authorizes the Treasury Department to borrow money to pay the public debt of the United States. Also, 26 U.S.C. 6109 requires us to use your SSN on certain forms when we report taxable income to IRS. It's voluntary that you provide the requested information, but without it, we may not be able to process your transaction requests. Information concerning your securities holdings and transactions is considered confidential under Treasury regulations (31 CFR Part 323) and the Privacy Act. However, the following routine uses of this information may include disclosure to the following persons or entities: agents and contractors who help us manage the public debt; others entitled to the securities or payment; agencies (including disclosure through approved computer matches) determining eligibility for benefits, finding persons we've lost contact with, or helping us collect debts; agencies for investigations or prosecutions; courts, counsel, and others for litigation and other proceedings; a Congressional office asking on your behalf; and as otherwise authorized by law.

We estimate it will take you about 15 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND completed form to the above address; send to correct address shown in "WHERE TO SEND" in the instructions.**

**Continuation of description of bonds in Item 1:**

[illegible]

(If you need more space, use a continuation sheet and attach it to this form.)

## INSTRUCTIONS

**USE OF FORM** – Use this form to request payment of United States Savings Bonds, Savings Notes, Retirement Plan Bonds, and Individual Retirement bonds.

**WHO MAY COMPLETE** – This form may be completed by the owner, coowner, surviving beneficiary, legal representative of the estate of a deceased or incompetent owner, persons entitled to the estate of a deceased registrant, or such other persons who may be entitled to payment under the regulations governing United States Savings Bonds. A minor may sign this form, if in the opinion of the certifying officer, he/she is of sufficient competency to understand the nature of the transaction. (See CERTIFICATION below.) An incompetent person may not sign this form.

**COMPLETION OF FORM** – Print clearly in ink or type all information requested.

**ITEM 1. DESCRIPTION OF BONDS** – Provide the name(s) of the person(s) shown in the inscription of the bonds for which payment is requested. Describe the bonds by issue date and serial number. If more space is needed, use the continuation sheet on page 3. If any more space is needed, use a plain sheet of paper and attach it to this form.

### ITEM 2. REQUEST FOR PAYMENT

- ✓ Mark the appropriate box to indicate whether a check in payment or Direct Deposit of the funds to an account at a financial institution is desired.
- ✓ If the signor is entitled to a distributive share of the listed bonds or if partial redemption of bonds and reissue of the remainder is desired, that fact must be shown on the line provided. Check the box "to the extent of" and insert "\$ \_\_\_\_\_ (face amount) and reissue of the remainder." If such bonds have not reached final maturity, partial redemption, at the current redemption value, will be made in amounts corresponding to authorized denominations and the remainder will be reissued showing the original issue date(s). If such bonds have reached final maturity, partial redemption is not permitted and, in this event, full payment will be made.
- ✓ The payee's taxpayer identification number **must** be provided. Furnish the social security number if the payee is an individual. If an estate is involved and IRS has assigned an employer identification number, provide that number.

### ITEM 3. DELIVERY INSTRUCTIONS

- ✓ If payment is to be made by check, furnish the name and address where the check is to be mailed in Item 3A.
- ✓ For payment by Direct Deposit, complete Item 3B. Furnish the name(s) on the account, the account number, the type of account, and the financial institution's name, the routing/transit number which identifies the institution, and the institution's phone number. You may need to contact the financial institution to obtain the routing number.

**ITEM 4. SIGNATURE** – The person requesting payment of the bonds must sign the form in ink, print his/her name, and provide his/her address, daytime telephone number, and e-mail address, if applicable. If the name of the person requesting payment has been changed by marriage or in any other legal manner from the name in the inscription of the bonds, the signature to the request for payment must show both names and the manner in which the change was made; for example, "Miss Mary T. Jones now by marriage Mrs. Mary T. Smith." (See CERTIFICATION below.)

**CERTIFICATION** – The person requesting payment of the bonds must appear before and establish identification to the satisfaction of an officer authorized to certify requests for payment of United States Savings Bonds and sign the request in the presence of the officer. If a minor signs the forms, the officer must be satisfied that the minor is of sufficient competency to understand the nature of the transaction. Authorized certifying officers are available at banking institutions, including credit unions, in the United States. For a complete list of such officers, see Department of the Treasury Circulars, No. 530 and Public Debt Series Nos. 3-80 and 2-98.

**WHERE TO SEND** – Send the PD F 1522 and the bonds, as well as any other appropriate forms and evidence, to one of the Treasury Retail Securities Sites shown below:

Treasury Retail Securities Site  
PO Box 299  
Pittsburgh, PA 15230-0299  
1-800-245-2804

Treasury Retail Securities Site  
PO Box 214  
Minneapolis, MN 55480-0214  
1-800-553-2663